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FACSIMILE COVER SHEET**OFFICIAL**

Deliver to: Joshua A. Lohn, USPTO Art Group: 2184
Facsimile No.: 703 872-9306 Date: March 19, 2004
From: James Henry, Reg. No. 41,064
Our Docket No.: 42390P5727 Number of pages 12 including this sheet.
Application No.: 09/676,311 Filing Date: 9/30/2000
Docket Due Date(s): 3/19/2004

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: _____	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief (in triplicate) (_____pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: _____ (_____pgs) w/cover & abstract	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet (_____pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile _____	<input type="checkbox"/> Reply Brief (_____pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA (_____pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: _____ sheets, _____ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input checked="" type="checkbox"/> Extension of Time: <u>one (1) month</u>	<input type="checkbox"/> Response to Written Opinion (_____pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 (_____pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input checked="" type="checkbox"/> Other <u>Request for Continued Examination (RCE) Transmittal</u>	<input checked="" type="checkbox"/> Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)

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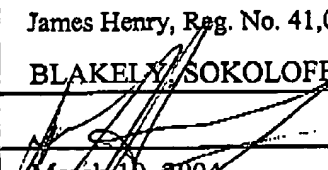
Pat Sullivan 03/19/2004
Pat Sullivan Date

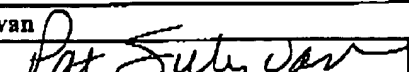
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/676,311
		Filing Date	September 30, 2000
		First Named Inventor	Nhon Toai Quach
		Art Unit	2184
		Examiner Name	Joshua A. Lohn
Total Number of Pages in This Submission	12	Attorney Docket Number	42390P5727

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA	<input type="checkbox"/> Request for Refund	Request for Continued Examination (RCE) Transmittal; Facsimile Transmittal Sheet
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s)	
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James Henry, Reg. No. 41,064 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	March 19, 2004

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Typed or printed name	Pat Sullivan	Date	March 19, 2004
Signature		Date	March 19, 2004

Based on PTO/SB/21 (02-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 02/10/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL
for FY 2004**

Effective 01/01/2004. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$) **880.00****Complete if Known**

Application Number	09/676,311
Filing Date	September 30, 2000
First Named Inventor	Nhon Toai Quach
Examiner Name	Joshua A. Lohn
Art Unit	2184
Attorney Docket No.	42390P5727

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None
☒ Deposit AccountDeposit Account Number **02-2666**Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) or nonpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(8)

2. EXTRA CLAIM FEES

Total Claims		20*	=		X		=	
Independent Claims		4	=		X		=	
Multiple Dependent								

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	85	2201	43	Independent claims in excess of 5	
1203	290	2203	145	Multiple Dependent claim, if not paid	
1204	85	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(3)

*or number previously paid, if greater. For Reissues, see below

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1812	2,620	1812	2,620	For filing a request for ex parte reexamination	
1804	820*	1804	820*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	25	Extension for reply within first month	110.00
1252	420	2252	210	Extension for reply within second month	
1253	920	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	1,210	2255	605	Extension for reply within fifth month	
1404	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808	180	1808	180	Submission of Information Disclosure Sheet	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	1809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2601	385	Request for Continued Examination (RCE)	770.00
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)(\$) **880.00****SUBMITTED BY**Name (Print/Type) **James Henrich**

Registration No. (Attorney/Agent)

41,064**Complete (if applicable)**

Telephone

(714) 557-3800

Signature

Date

03/19/04Based on PTO/SB/17 (10-03) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 02/10/2004.
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